

connect.



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Acupuncture in the emergency department



Simple yet elegant bi-directional cannula



Prioritising executive health



NEW GANDEL WING

Building of Cabrini's new state-of-the-art Gandel Wing is now underway.



Cabrini is a not-for-profit organisation.

If you would like to make a gift towards our work, please contact the Cabrini Foundation on (03) 9508 1382 or simply send your donation to Cabrini Foundation, 183 Wattletree Road, Malvern, Vic, 3144. Cheques should be made payable to 'Cabrini'. All donations over \$2 are tax deductible. If you would like your details to be removed from the mailing list, please call (03) 9508 1382.

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Cover photo: Dr Michael Walsh (left) with major donors and joint patrons, John and Pauline Gandel.



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THE BAND-AID CHALLENGE



Early in May, Victoria Police challenged all its divisions to join the Band-Aid Challenge.

The idea behind it was that police members would donate novelty band-aids to local children's wards or treatment centres. They know how daunting it can be for children to go to hospital and hoped that band-aids with favourite super-hero or fairytale characters would make the experience that much better.

Southern Metro Region, Division 1 – including police stations in Prahran, St Kilda, Malvern and South Melbourne – took up the challenge. They generously donated their collection of more than 100 boxes of band-aids featuring Star Wars, Wonder Woman, Batman, Pepper Pig, Superman and many more, to Cabrini's new paediatric ward.

They were right; the band-aids have proved a big hit with the kids.

Above: Bailey Dean received a visit from Sergeant Kate Lawson and Acting Inspector Martin Bourke when they delivered the band-aids to Cabrini.



Left: Richard Rogers, Cabrini Health Board Chairman with Mrs Ada Selwyn (centre) and Miss Eva Selwyn.

EMERGENCY DEPARTMENT BEARS A NEW NAME

In August, Cabrini celebrated the naming of the Alan, Ada and Eva Selwyn Emergency Department (ED) located at Cabrini Malvern.

The occasion was marked by an unveiling of new signage at the front of the hospital. With the support and patronage of Alan, Ada and Eva Selwyn, Cabrini's ED will expand into its new home in the Gandel Wing, currently under construction and due for completion in 2019.

The event was attended by members of the Alan Selwyn family, Cabrini's Chief Executive Dr Michael Walsh and Board Chairman Richard Rogers.

The new, expanded ED will include a specialised paediatric emergency area, an acute assessment area for short stays and isolation rooms to allow people who have infectious diseases to receive the care they need while reducing risk to other patients. It will have its own medical imaging equipment to enhance patient comfort and convenience.

"The ED extension will be especially valuable, ensuring a patient's stay is more efficient, comfortable and private," says Cabrini's Director of Emergency Dr Michael Ben-Meir. "The extension will modernise and improve our infrastructure, allowing for the inevitable growth as our population expands and ages."

Ada and Eva Selwyn's support of the ED is being made in honour of the legacy of their much-loved husband and father Alan Selwyn, a highly regarded businessman and philanthropist.

"Alan was a man who was gracious and humble, kind and had a heart of gold," says his wife of 66 years Ada Selwyn. "To know Alan was to realise he was a great man, an optimist who lived life to the fullest, a man of integrity and respected by all. He is missed more than we can say."

*Vulnerable (adjective):
susceptible to being hurt,
in need of special care,
support, or protection
because of age, disability,
or other risk of neglect.*



RENEWAL OF CABRINI'S APPROACH TO PROVIDING HEALTHCARE

BY CHIEF EXECUTIVE DR MICHAEL WALSH

People inside and outside of Cabrini often ask me “how are things at Cabrini”?

They ask because they know the healthcare industry is changing rapidly with new technologies, an ageing population, financial pressures, increasing public expectations and more regulation posing significant challenges that need well-considered responses.

Cabrini is challenged because we operate in the private market, which relies on people taking out private health insurance. This market is highly competitive, with other private hospitals and public hospitals working to attract doctors and the private-patient work they bring. The competition is fuelled because the sector has been on a building spree over the past five years, while growth in private health insurance has stagnated. Therefore, the supply of beds and facilities probably exceeds demand. A significant proportion of this building is funded by debt, and the new beds need to be filled to repay this debt.

All of this is further complicated by the fact that private health insurance is heavily biased towards in-hospital care, when modern diagnostic, treatment and information advances are pushing healthcare, especially care for people who have chronic conditions, out of hospitals and into the community. Until recently, Cabrini was essentially about hospital

care. Over the past few years, we have developed a strong and growing range of out-of-hospital or community based services. This gives us a platform to offer a broader range of services to our patients.

Normal business is tougher now than at any time over the past decade. We are well placed to embrace change because we have a broad range of services, a strong reputation, and a strategy. There are four parts to our strategy:

- 1) Support the vulnerable, understand who they are, how they make healthcare choices, and improve their lives through customised care
- 2) Integrate services around the patient/customer – first, do better at integrating our Cabrini services so patients move easily from one to another, and then partner with others to fill any gaps in our service portfolio
- 3) Develop new services that reflect what our patients and customers want and need
- 4) Grow through partnering to export our model beyond inner south-eastern Melbourne

To move this strategy forward, we have undertaken market research in the communities we serve (that is, the local government areas of Stonnington, Port Phillip, Glen Eira, Bayside and Boroondara) to gain a better understanding of what services people use and want, what they think about Cabrini, and what they would be prepared to pay for services that better meet their needs. The results

are that Cabrini is a known and trusted organisation, seen as offering high quality service, and that a good proportion of people would value a more integrated (or streamlined) service experience.

To achieve greater integration across our existing services, we are making some changes to our management structure including the introduction of a new Chief of Health Operations who will oversee all of Cabrini's health services. We have reviewed our many service partnerships, and we are looking to strengthen those that are vital to delivering new and more integrated services. To achieve new service offerings, 15 strategic initiatives have been developed, to be delivered over the next three years.

With respect to growth, our immediate focus is the new Gandel Wing at Malvern, which will revolutionise patient care and the working environment of our doctors and staff. We have several information-system investments in the pipeline; we are developing plans for our other sites; and we are exploring potential new Cabrini sites.

These are exciting and challenging times. Our purpose remains as defined by Cardinal Joseph Bernadin (1928-1996) of the USA:

“Our distinctive vocation is not so much to heal better or more efficiently than anyone else; it is to bring comfort to people by giving them an experience that will strengthen their confidence in life”.



“We will provide regular updates on the Cabrini website.”

Cabrini Malvern has marked the beginning of work on its new Gandel Wing, named after principal donors Pauline and John Gandel AC.

Community members will benefit from lifesaving cardiac, aged care, medical imaging and radiotherapy services, with building of the hospital’s new state-of-the-art Gandel Wing now underway following a ceremonial groundbreaking in July attended by Federal Minister for Health Greg Hunt MP (Member for Flinders) and Federal Minister for Revenue and Financial Services Kelly O’Dwyer MP (Member for Higgins), as well as State Member for Malvern Michael O’Brien MP and Stonnington Mayor Cr Jami Klisaris.

“We are overwhelmed by the Gandels’ extraordinary support and generosity, which embodies the spirit of genuine community service for which the family is well known,” said Cabrini Chief Executive Dr Michael Walsh.

Mr Gandel says his family has had a long-standing association with Cabrini and has had first-hand experience of Cabrini’s care. “With their bold vision for the future that is underpinned by the new clinical building, Cabrini will continue delivering best quality care to numerous generations to come,” he said.

Dr Walsh says Cabrini is evolving as a better health service with the new

“Due for completion in 2019, the Gandel Wing will comprise seven above-ground floors and more underground carparking...”

Gandel Wing. “Our new facilities at Cabrini Malvern will allow us to offer services that patients want and need such as radiotherapy,” he said. “We will soon be able to provide fully integrated cancer care from diagnosis through to medical treatment and rehabilitation or palliative care if cure is not possible.”

Due for completion in 2019, the Gandel Wing will comprise seven above-ground floors and more underground carparking. Located on Cabrini Malvern’s current footprint on Wattleree Road at the corner of Isabella Street, the building will include:

- A new radiotherapy centre and a contemporary day oncology unit
- Expanded maternity facilities including more beds and an upgraded special care nursery for unwell babies

- An improved cardiac services unit to urgently treat issues of cardiac rhythm and cardiac failure
- An acute aged care unit to meet the needs of elderly, frail, or cognitively impaired patients
- An expanded emergency department to treat our increasingly complex patient presentations
- A greater proportion of single patient rooms across all new levels
- Improvements to local amenity such as closure of the existing main carpark access on Isabella Street (which was recently completed), a new bicycle facility to encourage cycling to and from work and undergrounding of adjacent powerlines

Dr Walsh says Cabrini will keep the community informed about progress of the project. “We will provide regular updates on the Cabrini website,” he said. “We recognise that such a large project can cause disruption for staff, patients, visitors and neighbours, and we are keen to work with stakeholders to minimise inconvenience and ensure swift completion.”

Above: Major donors and joint patrons, John and Pauline Gandel.



Dr Michael Ben-Meir using
acupuncture on a patient in ED

ACUPUNCTURE IN THE EMERGENCY DEPARTMENT

Acupuncture has applications in emergency medicine, as a trial involving Cabrini's Dr Michael Ben-Meir shows.

An otherwise well man arrived by ambulance at Cabrini's emergency department (ED) with severe lumbar pain. He had been on the floor at home, unable to move. Director of Emergency Medicine Dr Ben-Meir gave him opioids, Panadol and anti-inflammatories, followed by acupuncture. In just two hours this man was up walking and able to return home.

Acupuncture. It is said to improve the body's functions and promote self-healing by stimulating specific anatomic sites called acupuncture points or acupoints. For millennia, it was the sole province of Chinese medicine practitioners. Most commonly, it involves the fairly painless insertion of fine, sterile needles, into the skin at acupoints.

Largely dismissed by Western medicine until recent decades, its therapeutic value is becoming clearer and some medical practitioners have revisited the acupuncture concept, especially as pain relief therapy. Such was its acceptance that accredited training programs for doctors were established in the 1980s to ensure the maintenance of professional standards and evidence-based, ethical practice.

Dr Ben-Meir knew that many GPs

"The trial asked 1000 patients presenting at the emergency departments with lumbar pain, acute migraine or ankle sprain..."

were successfully using acupuncture for chronic conditions in the community, but almost no medical specialists were using it in hospital-based medicine, so he asked the question: if acupuncture could support conventional medical treatment to optimise patient outcomes when practised by a qualified doctor or Chinese medical practitioner, then did it have application in emergency medicine? He began a trial in conjunction with the RMIT University, Alfred and Northern hospitals, and continued it when he came to Cabrini in 2011.

The trial asked 1000 patients presenting at the emergency departments with lumbar pain, acute migraine or ankle sprain if they would take part and half of them enrolled. Participants were then divided into three groups. One-third received acupuncture only, another third received acupuncture combined with

"Largely dismissed by Western medicine until recent decades, its therapeutic value is becoming clearer..."

the standard care they would normally receive and the rest were given standard care only. All reported about the same levels of pain relief.

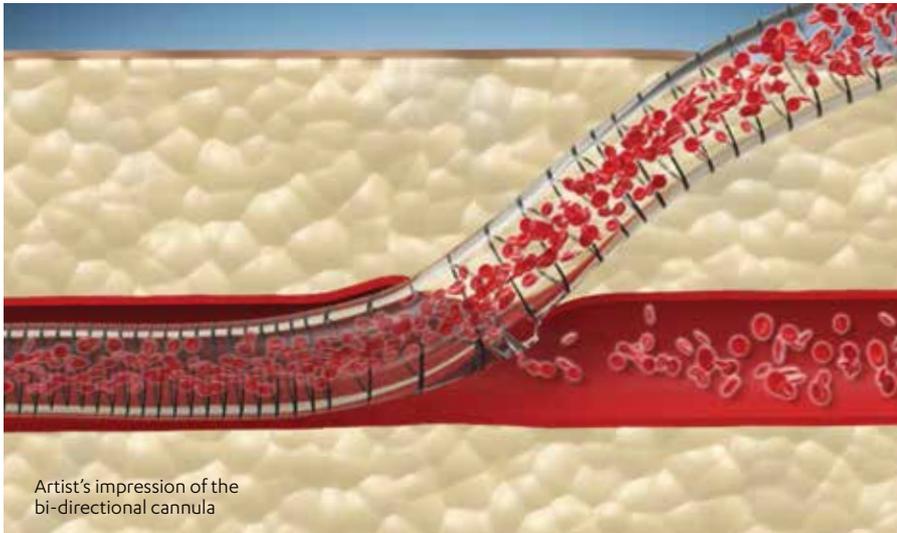
In the 48-hour follow up, 82 per cent of the acupuncture or combined groups said that they were likely or highly likely to repeat the treatment under the same circumstances, compared with 78 per cent of the standard-care-only group.

While the pain reduction was similar across all groups, and despite those receiving acupuncture needing an earlier top-up, the trial demonstrates that acupuncture has a place in emergency medicine. It is well tolerated by patients and offers an alternative to pregnant women or those who have side effects or allergic reactions to opiates or who struggle with opiate addiction.

Dr Ben-Meir says he would not use acupuncture in acute trauma or in situations where the patient is agitated and unable to maintain a position long enough for the needles to be inserted and remain in situ. Yet he believes strongly in the dual approach of Western medicine and acupuncture. He has a private practice in which he uses the mix to treat patients referred from other specialists for pain management. His patients come with problems arising from such conditions as chronic migraine, irritable bowel syndrome and lumbar back pain and he believes that a rich and full medical background, coupled with acupuncture expertise, provides an excellent skill set for the treatment of these challenging conditions.

For now, Dr Ben-Meir is the only qualified acupuncturist in ED, but it is hoped that others will be trained in the near future.

SIMPLE YET ELEGANT - CABRINI CLINICIANS CREATE BI-DIRECTIONAL CANNULA



It is just 30 cm long and looks almost like its standard cousin. Almost.

This new medical device has made an elegant diversion from the standard perfusion cannula and it is this diversion that has animated cardiac surgeons and intensivists internationally.

Its story began ten years ago with an increase in the use of minimally invasive techniques such as robotics during cardiac surgery. Heart-lung bypass machines used in cardiac surgery usually require that two cannulae enter the femoral blood vessels in the groin – one into the vein to drain the blood and send it to the machine for oxygenation, the other into the artery to receive the revitalised blood.

Sometimes, even in successful surgery, a problem emerges: when standard cannulae are inserted into these blood vessels, blood flow down the leg is compromised because the cannula has rested on the femoral artery, compressing it throughout surgery. This can lead to ischaemia (lack of oxygen) in the leg, resultant nerve death and serious complications such as foot drop and even amputation in extreme circumstances. To cardiac surgeon Mr Randall Moshinsky, this

was unacceptable and he spoke with his Cabrini colleagues, cardiac anaesthetist Dr Elli Tutungi and Cabrini's head perfusionist James McMillan. After investigations, the three understood the problem: it lay in the cannula's design.

A literature search revealed that, while this complication occurred relatively infrequently during cardiac surgery, intensive care units (ICUs) around the world were reporting the complication with troubling frequency. Some ICU patients require extracorporeal membrane oxygenation (ECMO or temporary heart-lung bypass) for extended periods. This prolonged arterial obstruction vastly increases the chances of ischaemia with its attendant complications.

The three colleagues set about solving the problem and so, they began brainstorming. They discussed and drew, drafted and discarded, until they had a concept that overcame the limitations of current cannulae and allowed strong blood flow to the leg during cardiac surgery or ECMO. Building a prototype on the laboratory bench, they tested it on lengths of animal arteries. It worked just as they had hoped. Next came tests on sheep. Again, it worked. Successful human trials followed.

"There were plenty of breath-holding moments along the way," says Dr Tutungi. "You face a series of gates and hope

"The three colleagues set about solving the problem and so, they began brainstorming."

that each one will open when you get to it." The design and testing process was greatly enhanced by a grant from the Victoria Government Health Market Validation Program and collaboration with the Alfred Hospital.

The creativity lies in the device's flexible 'elbow', from which a small 'shoulder' protrudes. The cannula is advanced into the artery and then retracted until resistance is felt at the shoulder. Now in place, its flexibility allows the cannula to bend at an angle to the body, eliminating arterial compression. When the blood returns to the patient, a proportion is diverted down the leg through an exit point in the cannula's shoulder.

This year, Dr Tutungi and Mr Moshinsky presented at European conferences and their game-changing device was lauded by international intensivists and surgeons who had heard of the innovation and crowded to the presentations to see it.

Dr Tutungi observes: "Clinicians at the coalface have a better feel for significant problems than big companies, so are best placed to devise a solution". This solution rose from a perfect confluence of three clinicians' skills and creativity.

They have sold the technology to LivaNova, a global medical device company that will launch the product in Europe and the US in 2018 and elsewhere in the world in 2019.



Ken and Gail McKenzie

A LITTLE SUPPORT HELPS EASE THE BURDEN

When Ken McKenzie was diagnosed with brain cancer, the fight against the disease took over his life and the life of his wife, Gail.

“The brain cancer just consumed our lives,” says Gail.

The average life expectancy for someone with the same disease as Ken is around 14 months, but Ken fought for a heroic 22 months.

But often, as in Ken’s case, the patient is the family’s primary breadwinner.

“The money did dry up... Ken was worried about me and the children and how we were going to manage,” Gail explains, and eventually Ken and Gail were forced to eat into their superannuation.

In September, Cabrini Foundation is fundraising for our newly established Love Courage Hope Cancer Patient Support Fund.

Cabrini neuro-oncology clinical nurse consultant Emma Daly says the financial and emotional burden on carers and families is very real.

“We want the fund to provide people with support for the things that helps improve quality of life and reduces unnecessary suffering for patients and carers.

“For example, things like maintenance or gardening that don’t get done because your carer is so busy looking after you. Also, some health care expenses, such as equipment aren’t covered by insurance.”

We have established the fund with a generous establishment donation from the Love Courage Hope Foundation.

If you are interested in making a donation to support the ‘Love Courage Hope Cancer Patient Support Fund’, please contact Cabrini Foundation on **(03) 9508 1380** or visit us online at www.cabrini.com.au/about-us/cabrini-foundation/



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PRIORITISING EXECUTIVE HEALTH



Long hours, poor sleep, little exercise, and even irregular eating and drinking patterns often characterise the lives of executives – and they never quite get around to having that check-up.

Even those who try to live well often do so with a level of stress inconsistent with good health. Cabrini's new executive health checks have been designed for these people, offering a one-stop, and full health assessment in just four to five hours.

To use the service, people simply complete an online pre-assessment questionnaire, then click to make a convenient appointment time.

On the day, they will be met by a concierge who will be their guide for the

duration of the visit. Everyone will undergo a set of core investigations:

- Blood pressure; height, weight, waist measures; blood testing (including urinalysis)
- Resting ECG
- Lung function
- Chest x-ray
- Ultrasound (abdominal/liver)
- Stress echocardiogram
- Eye check (glaucoma and macular disease)
- Oral health check
- Doctor consultation

If any red flags are raised during the pre-assessment questionnaire, more investigations might be added. Such things might include:

- Prostate exam (men)
- Pap smear (women)
- Mammogram and breast ultrasound (women), DEXA scan
- Gastroscopy (requires another appointment)

- CT scan of the chest
- Faecal occult blood test
- Ultrasound (pelvic) Echocardiogram (ultrasound)

None of these extra investigations will be carried out unless there is an indication in the patient history or presentation that warrants them.

When all the core examinations are completed, a doctor will meet with the patient for a 30-minute review of the results and make recommendations as required. It's a streamlined process to a comprehensive health picture.

Cabrini's service is a one-stop shop, with all aspects of the executive health check taking place over a relatively short visit at a single venue. We are the only provider offering the same service to visiting Chinese executives who can make the arrangements while in China and simply build a half-day for the check-up into their Melbourne schedule.